TRANSFER OF THRIFT SAVINGS PLAN INFORMATION BETWEEN AGENCIES

Notice to Employing Office: This form will be completed by the gaining agency for each employee who transfers from one agency to another or any time the servicing payroll office changes, whether or not the employee has elected to participate in the Thrift Savings Plan. It may be reproduced locally. One copy should be filed in the employee's Official Personnel Folder, one copy should be provided to the employee's gaining payroll office at the time of appointment, and one copy should be given to the **instructions**

SECTION A - IDENTIFICATION.

- **Block 1, Name.** Enter the employee's last, first, and middle name.
- Block 2. Date of Birth. Enter the employee's date of birth
- **Block 3, Social Security Number.** Enter the employee's social security

SECTION B - EMPLOYEE'S ENROLLMENT AND ALLOCATION DATA TO BE TRANSFERRED

- Block 4, Percentage of Basic Pay. Enter the percentage of basic pay per pay period, if the employee elected to contribute a percentage of basic pay. A whole percentage amount must be entered. If the employee elected to contribute a whole dollar amount, or if the employee elected not to participate in the Thrift Savings Plan leave blank
- **Block 5, Whole Dollar Amount.** Enter the whole dollar amount per pay period, if the employee elected to contribute a whole dollar amount. If the employee elected to contribute a percentage, or if the employee elected not to participate in the Thrift Savings Plan leave blank
- **Block 6, TSP Service Computation Date.** Enter the employee's TSP Service Computation Date. For a FERS employee, this date must be a valid date on or after Japaners 1, 1084
- **Block 7, TSP Vesting Code.** Enter the employee's TSP Vesting Code. Valid codes are: FERS employees 2 or 3
 - CSRS employees 0
- **Block 8, TSP Status Code.** Enter the employee's TSP Status Code. Valid status codes are: Y = Yes I = Ineligible E = Eligible
 - N No T Termination

- **Block 9, TSP Status Date.** Enter the employee's TSP Status Date. The status date is the date of the employee's latest change in status as it pertains to participation in the Thrift Savings Plan.
- **Block 10, G Fund, CSRS.** CSRS employees must invest 100 percent of their contribution in the G Fund. Therefore, Block 10 has been hard-coded
- **Block 11, G Fund, FERS.** Enter the percentage of the employee's contribution allocated to the G Fund. This percentage must be at least 80 **Block 12, F Fund, FERS.** Enter the percentage of the employee's
- contribution allocated to the F Fund
- **Block 13, C Fund, FERS.** Enter the percentage of the employee's contribution allocated to the C Fund.

SECTION C - LOSING AGENCY IDENTIFYING DATA

- Block 14, Losing Agency Name and Location. Enter the losing agency's
- **Block 15, Losing Payroll Office Number.** Enter the losing payroll office's 8-digit identifying number.
- **Block 16, Losing Agency Point of Contact.** Enter the name of the person and the losing agency who may be contacted if additional information is
- **Block 17, Telephone Number.** Enter the area code and telephone number of the losing agency's point of contact.
- **Block 18, Effective Date of Transfer.** Enter the effective date of the employee's transfer.
- **Block 19, Gaining Payroll Office Number (Optional).** Enter the gaining payroll office's 8-digit identifying number.
- **Block 20, Agency Code (Optional).** Enter the employee's new agency **SECTION E CERTIFICATION**
- **Block 21, Signature of Authorized Certifying Official.** Enter the signature of the agency official authorized to certify this form.
- **Block 22, Date.** Enter the date the form is signed by the authorized certifying official
- Block 23 Remarks Optional block for agency comments

$N = N_0$ $1 = 1$ eminimation Block 23, Remarks. Optional block for agency comments.									
SECTION A - IDENTIFICATION.									
1. NAME (Last) (First)		(Middle)		2. Month	2. DATE OF BIRTH Ionth Day Year 3. SOCIAL SECU		JRITY NUMBER		
SECTION B - EMPLOYEE'S ENROLLMENT AND ALLOCATION DATA TO BE TRANSFERRED									
4. PERCENTAGE OF BASIC PAY 5. WHOLE		E DOLLAR AMOUNT 6. TSP SERVICE COMPUTATION Month Day				8. TSP STATUS CODE			
.00%	OR \$.00		1 001			Monar	24, 104	
G FUND GOVERNMENT SECURITIES INVESTMENT		F FUND FIXED INCOME INDEX INVESTMENT		C FUND COMMON STOCK INDEX INVESTMENT				TOTAL	
10. CSRS 11. FERS	12.	12.		13.					
100.00% OR	00% +	.00%	6 +			.00%	=	= 100.00%	
SECTION C - LOSING AGENCY IDENTIFYING DATA									
14. NAME AND LOCATION									
15. PAYROLL OFFICE NUMBER		16. CONTACT POINT		17. TELEPHONE NUMBER					
SECTION D - FOR EMPLOYING OFFICE USE ONLY									
18. EFFECTIVE DATE OF TRANSFER Month Day	19. GAINING PAYROLL OFFICE NUMBER (Optional)			20. AGENCY CODE (Optional)					
SECTION E - CERTIFICATION									
21. SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL				22. DATE SIGNED					
23. REMARKS									

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PRIVACY ACT NOTICE

FORM TSP - 19 (2/88)

We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. Executive Order 9397, authorizes us to ask for your social security number, which will be used to identify your account. We will use the information you give us in administering the Thrift Savings Plan. We may share this information with the Office of Personnel Management, and it may be placed in your Official Personnel Folder. The information may be shared with other Federal

state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. Finally, we may give this information to financial institutions, private sector audit firms, annuity vendors, beneficiaries, current spouses and, to a limited extent, former spouses. While the law does not require you to give any of the information we are asking for on this form, it